

2009 Monthly Insurance Rates for Part-time Teachers

HEALTH

Category I. 15-19 Hours

COVERAGE LEVEL	EMPLOYEE					EMPLOYER
	Savings	Standard	BlueChoice	CIGNA		SHP/HMO
Employee Only	139.74	223.92	278.96	322.76		130.46
Employee/Spouse	329.92	494.86	681.20	735.16		257.36
Employee/Child	204.86	327.04	504.86	599.48		184.58
Full Family	409.84	595.86	930.98	1,053.80		301.28

Category II. 20-24 Hours

COVERAGE LEVEL	EMPLOYEE					EMPLOYER
	Savings	Standard	BlueChoice	CIGNA		SHP/HMO
Employee Only	95.38	179.56	234.60	278.40		174.80
Employee/Spouse	242.42	407.36	593.70	647.66		344.86
Employee/Child	142.10	264.28	442.10	536.72		247.32
Full Family	307.40	493.42	828.54	951.36		403.72

Category III. 25-29 Hours

COVERAGE LEVEL	EMPLOYEE					EMPLOYER
	Savings	Standard	BlueChoice	CIGNA		SHP/HMO
Employee Only	53.64	137.82	192.86	236.66		216.56
Employee/Spouse	160.06	325.00	511.34	565.30		427.20
Employee/Child	83.04	205.22	383.04	477.66		306.40
Full Family	211.00	397.02	732.14	854.96		500.12

DENTAL

COVERAGE LEVEL	Category I. 15-19 Hours			Category II. 20-24 Hours			Category III. 25-29 Hours		
	Employee	Employer	Dental Plus	Employee	Employer	Dental Plus	Employee	Employer	Dental Plus
Employee Only	5.86	5.85	20.60	3.86	7.85	20.60	2.00	9.71	20.60
Employee/Spouse	13.50	5.85	39.00	11.50	7.85	39.00	9.64	9.71	39.00
Employee/Child	19.58	5.85	42.56	17.58	7.85	42.56	15.72	9.71	42.56
Full Family	27.20	5.85	60.96	25.20	7.85	60.96	23.34	9.71	60.96